

ì

(please place mailroom date stamp here)

PATENT AND TRADEMARK AGENTS

45 O'Connor Street, Suite 1700 Ottawa, Ontario, Canada, K1P 1A4 ☎ (613) 230-6072 − Fax: (613) 230-6706 Filing Cover Sheet for Document Filed with U.S. PTO Mailroom

Agent's file reference: 9-16085-1US Ser. No. and filing date (if known): 09/892,615 June 28, 2001
TYPE OF DOCUMENT SUBMITTED Patent application Provisional Nonprovisional Response to NOTICE TO FILE MISSING PARTS IDS Response to office action Service Submission Response to Missing Parts AUG 0 1 2003 GROUP 3000 CONTENTS OF SUBMISSION
Application having _ pages (no claims) Application having _ pages and including _ claims _ sheets of FORMAL INFORMAL drawings SIGNED UNSIGNED inventor declaration with _ signature(s) and X Power of Attorney documents Assignment(s) and assignment recordal sheet(s) (_) in number) Cheque number _ in the amount of _, Patent Application Fee Determination Record PTO/SB/06, and Fee Transmittal Form PTO/SB/17 (in duplicate)
Response with _ pages Request and Certification under 35 U.S.C. 122(b)(2)(B)(i) _ pages Other item with _ pages and described by: X

This sheet must be stamped by mailroom and returned to us.

PTO/SB/21 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
of the Paperwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/892,615

June 28, 2001

Brian HILLIER

Application Number

First Named Inventor

Filing Date

TRANSMITTAL

FORM

(to be used for all correspond	ondence after initial filing)	Art Unit	2161			
		Examiner Name	Lazena Martin			
Total Number of Pages in 1	This Submission 4	Attorney Docket Number	9-16085-1US			
	ENC	LOSURES (Check all that	apply)			
Extension of Time Express Abandonm Information Disclos Certified Copy of P Document(s) Response to Missin Incomplete Applica	eclaration(s) Request ment Request sure Statement riority Rema	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information			
	to Missing Parts FR 1.52 or 1.53		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	SIGNATURE (OF APPLICANT ATTORNE	TY OR AGENT			
Firm or Individual Signature Of APPLICANT, ATTORNEY, OR AGENT						
Date July :	28, 2003					
	CERTIFIC	CATE OF TRANSMISSION	MAILING			
I hereby certify that this corresp first class mail in an envelope a	oondence is being facsimile tra addressed to: Commissioner fo	nsmitted to the USPTO or deposited wir Patents, Washington, DC 20231 on th	th the United <u>States Postal Service with s</u> ufficient postage as is date:			
Typed or printed						
Signature			Date			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.





Direct Dial: (613) 780-8676 Direct Fax: (613) 230-6706 psharpe@ogilvyrenault.com

Ottawa, July 28, 2003

Mail Stop Patent Application

Assistant Commissioner for Patents Washington, D.C. 20231 U.S.A.

Sir:

)

United States Patent Application No. 09/892,615

Issued:

June 28, 2001

Title:

ELECTRONIC PURCHASING SYSTEM AND METHOD

Applicant(s): 3044105 Nova Scotia Limited

Inventor(s): Brian HILLIER et al.

Our Ref.:

9-16085-1US

Please find enclosed a Revocation of Power of Attorney document and a new Power of Attorney document. Would the Office kindly ensure that these are made of record with respect to the above-referenced patent application.

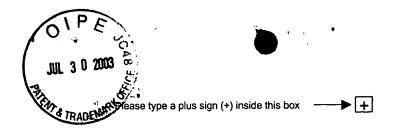
Respectfully submitted

Paul S. Sharpe Reg. No. 39,493

Agent of Record

PSS/lmf

Enclosure



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

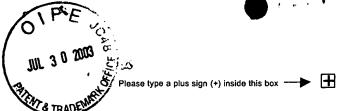
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/892,615
Filing Date	June 28, 2001
First Named Inventor	Brian M. HILLIER
Title	ELECTRONIC PURCHASING SYSTEM AND METHOD
Group Art Unit	2161
Examiner Name	Lazena Martin
Attorney Docket Number	9-16085-1US

Practitioners at Customer Number 20988					<u> </u>	
Practitioners at Customer Number 20988	I hereby appoint:					7 I
Address Suite 1600 City Montreal Suite Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). AUG 0 1 2003 Name Brian Hillier Signature Brian Hillier Signature Brian Hillier Individual Suite Interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.	Reactitioners at	Customer Number 20988				
Address I981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Applicant/Inventor. Applicant/Inventor. Applicant/Inventor. Applicant/Inventor. Applicant/Inventor. Alssignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Date Note: Signatures of all the inventode or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.	T Tabilitation of a c	Oustomer Number				
Name Registration Number Paul S. Sharpe 39,493 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number Practitioners at Customer Number Place Customer Number Bar Code Label here Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. PECEIVED AUG 61 2003 SIGNATURE of Applicant or Assignee of Record Name Brian Hill er Signature A Lum Date The Place Customer Number Bar Bar Bar Bar Bar Bar Bar Bar Bar Ba		amed below:				_
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number				Registration	Number	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address I981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone I am the: Applicant/Inventor. I Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date NOTE: Signatures of all the inventod or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		Paul S. Sharpe		39,490	3	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 1 am the: Applicant/Inventor. I am the: Applicant/Inventor. I Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date NOTE: Signatures of all the inventod or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		•				
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR OGILVY RENAULT Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 1 am the: Applicant/Inventor. RECEIVED Name Signature Signature Date Name Date NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address I981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone I am the: Applicant/Inventor. I Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date NOTE: Signatures of all the inventod or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address I981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone I am the: Applicant/Inventor. RECEIVED Name Brian Hillier Signature Date Name Brian Hillier Signature Date NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			idontific	d above and	to transact all	
The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address 1981 McGill College Avenue Address Suite 1600 City Montreal Canada Telephone 1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date Date NOTE: Signatures of all the inventod or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	business in the United	States Patent and Trademark Office co	onnected	therewith.	to transact an	
Practitioners at Customer Number OR Practitioners at Customer Number OR Place Customer Number Bar Code Label here OGILVY RENAULT Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). AUG 0 1 2003 Name Brian Hillier Signature Date NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Please change the corr	espondence address for the above-ide	ntified ap	oplication to:		
Practitioners at Customer Number OR OGILVY RENAULT Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Aug 0 1 2003 Name Brian Hillier Signature Date NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	The above-mentio	ned Customer Number.				
Practitioners at Customer Number OR Firm or Individual Name Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). AUG 0 1 2003 Name Brian Hillier Signature Date NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). AUG 0 1 2003 Name Brian Hillier Signature Date July 10 , 2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		stomer Number				
Address 1981 McGill College Avenue Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). AUG 0 1 2003 Name Brian Hillier Signature Date July 16 2003 NOTE: Signatures of all the inventod or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		1				
Address Suite 1600 City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). AUG 0 1 2003 Name Brian Hillier Signature Date July 16, 2003 NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		OGILVY RENAULT				
City Montreal State Quebec Zip H3A 2Y3 Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). AUG 0 1 2003 Name Brian Hillier Signature Date July 16, 2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Address	1981 McGill College Avenue				
Country Canada Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. RECEVED Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address					
Telephone 613-780-8661 Fax 613-230-6706 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date Date NOTE: Signatures of all the inventoe or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City		State	Quebec	Zip H3A 2Y	3
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country	Canada				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Telephone	613-780-8661	Fax 6	613-230-670	6	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian Hillier Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Applicant/Invent	tor.		1	RECEN	ED
SIGNATURE of Applicant or Assignee of Record Name Brian Hilier Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Assignee of rec	ord of the entire interest. See 37 CFR	3.71.			
Name Brian Hillier				16).	AUG 0 1	ZUUZ
Signature Date Tuly 16, 2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	•	SIGNATURE of Applicant or Assig	nee of Re	ecord	SPOUR	2601
Date July 16 , 2003	Name B	rian Hillier			——————————————————————————————————————	
NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature	3 rian Hilling				
forms if more than one signature is required, see below*.)	- 1				
	NOTE: Signatures of all the inve	nto or assignees of record of the entire interest is required, see below*.	st or their re	epresentative(s) a	are required. Submit r	nultiple
Total offorms are submitted.					<u> </u>	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/892,615
Filing Date	June 28, 2001
First Named Inventor	Brian M. HILLIER
Group Art Unit	2161
Examiner Name	Lazena Martin
Attorney Docket Number	9-16085-1US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:								
X A Power	of Attorr	ney or Au	thorization of Agent is	submit	ted here	with.		
OR								
▼ Please ch	nange th	e corresp	oondence address for	the abo	ve-identi	fied applicati	on to:	
Customer Number ————————————————————————————————————								
OR						<u> </u>	Label here	
Firm or Individual Nam	ne	OGILVY	RENAULT					
Address		1981 Mc	Gill College Avenue					- ''
Address		Suite 160	00					
City		Montrea	al					
Country		Canada	_		State	Quebec	ZIP H3A 2Y3	
Telephone		613-780-	-8661		Fax	613-230-670)6	
I am the:		**					RECEN	
Tam the: ☐ Applicant/Inventor. RECEIVE AUG 0 1 2003								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) GROUP 360								
		SIGN	IATURE of Applicant o	r Assigr	nee of Re	ecord		
Name	Ŀ	Bria	n Hillie					
Signature	Brian A illi					· ·		
Date July 10, 2003								
NOTE: Signatures of a forms if more than one			signees of record of the ent , see below*.	ire interes	t or their r	epresentative(s)	are required. Submit m	ultiple
*Total of _/_	forms	are submit	tted.				 -	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.